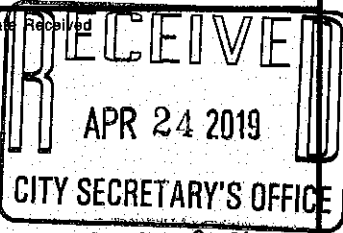


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		<b>OFFICE USE ONLY</b>  Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME LAST SUFFIX		
Mr. Jon Bullock			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5808 Bettinger Drive Colleyville, TX 76034			
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
(817) 721-6061			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
Mrs. Kathryn Katie Krause			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
4301 Brookhollow Drive Colleyville, TX 76034			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
(817) 709-8964			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year 3 / 26 / 19    THROUGH    4 / 25 / 19		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
5 / 4 / 19			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Colleyville City Council, Place 1	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Jon Bullock

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3050<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3050<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4163<sup>19</sup>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

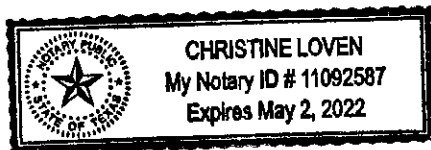
\$ (1,113<sup>19</sup>)

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jon Bullock, this the 24th day of April, 2019, to certify which, witness my hand and seal of office.

Christine Loven

Signature of officer administering oath

Christine Loven

Printed name of officer administering oath

Notary

Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 2

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Beverly Mawis

6 Contributor address; City; State; Zip Code

4301 Greenmeadow St E  
Colleyville TX 76034

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

4/25/19

Full name of contributor

☐ out-of-state PAC (ID#:

Anonymous

Contributor address; City; State; Zip Code

n/a

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

n/a

Date

4/16/19

Full name of contributor

☐ out-of-state PAC (ID#:

Mark Harrison

Contributor address; City; State; Zip Code

1421 Douglas Ave  
Colleyville, TX 76034

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

n/a

Date

4/18

Full name of contributor

☐ out-of-state PAC (ID#:

Jon Bullock

Contributor address; City; State; Zip Code

5808 Bettinger Dr  
Colleyville TX 76034

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

IT Services/consultant

Employer (See Instructions)

Self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

4 Date

4/25/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Floyd Swaim Sr.

6 Contributor address;

City; State; Zip Code

PO Box 8  
Colleyville, TX 76034

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

n/a

Date

4/25/19

Full name of contributor

☐ out-of-state PAC (ID#:

Van Fersing

Contributor address;

City; State; Zip Code

3800 Trailwood Ln  
Fort Worth, TX 76109

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

n/a

Date

4/25/19

Full name of contributor

☐ out-of-state PAC (ID#:

Bob Tames

Contributor address;

City; State; Zip Code

950 S Central Expressway  
McKinney, TX 75072

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2		2 FILER NAME Jon Bullock		3 Filer ID (Ethics Commission Filers)	
4 Date 4/8/19		5 Payee name efundraising connections, LLC			
6 Amount (\$) 2050		7 Payee address; City; State; Zip Code 2831 G Street, Ste 120 Sacramento, CA 95816			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/8/19		Payee name US Post Office			
Amount (\$) 385.00		Payee address; City; State; Zip Code 1501 Hall Johnson Rd Colleyville TX 76034			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/8/19		Payee name Office Depot			
Amount (\$) 116.96		Payee address; City; State; Zip Code 1415 W Pipeline Rd Hurst TX 76053			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2		2 FILER NAME Jon Bullock		3 Filer ID (Ethics Commission Filers)	
4 Date 4/15/19		5 Payee name Big Frog T-Shirts			
6 Amount (\$) 194.72		7 Payee address; City; State; Zip Code 9543 Sage Meadow Trl Keller TX 76177			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/22/19		Payee name Little Giant Printers			
Amount (\$) 3,244.26		Payee address; City; State; Zip Code 7905 Blvd 26 North Richland Hills TX 76180			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/22/19		Payee name Wix.com			
Amount (\$) 201.75		Payee address; City; State; Zip Code 2601 Mission St San Francisco CA 94110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

-

2 Total pages filed:

2

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.  
NICKNAME

Jon.  
LAST

SUFFIX

Bullock

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5808 Bettinger Drive

Colleyville TX 76034

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 721-6061

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Ms.  
NICKNAME

Kathryn.  
LAST

SUFFIX

Katie Krause

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4301 Brookhollow Dr

(Residence or Business)

Colleyville, TX 76034

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 709-8964

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1 / 1 / 19

THROUGH

Month

Day

Year

3 / 25 / 19

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 4 / 19

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Colleyville City Council,  
Place 1

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Jon Bullock

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3,480.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,480.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,376.84

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 2,103.16

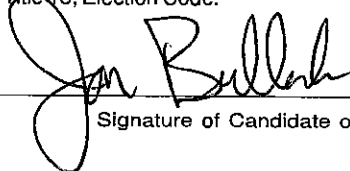
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

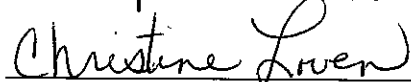
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jon Bullock, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Christine Loven

Printed name of officer administering oath

Notary

Title of officer administering oath



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

2/21/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jon Bullock

6 Contributor address; City; State; Zip Code

5808 Bettinger Dr  
Colleyville TX 76034

7 Amount of contribution (\$)

\$30.00

8 Principal occupation / Job title (See Instructions)

IT Services / consultant

9 Employer (See Instructions)

ICS Services

Date

2/25/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Danee Mastagni

Contributor address; City; State; Zip Code

4108 Pembroke Pkwy W  
Colleyville TX 76034

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self employed

Date

2/25/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Christy Spivey

Contributor address; City; State; Zip Code

3907 Martin Pkwy  
Colleyville, TX 76034

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

UTA

Date

2/25/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Melissa McConnell

Contributor address; City; State; Zip Code

1717 Avondale Dr  
Colleyville, TX 76034

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

2/25/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tom Hart

6 Contributor address; City; State; Zip Code

1717 Avondale Dr  
Colleyville, TX 76034

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

3/3/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Martha Harrison

Contributor address; City; State; Zip Code

5604 Baybreeze Dr  
Flower Mound, TX 75028

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Regent Insurance Group

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Louis Miller

Contributor address; City; State; Zip Code

6404 Talbot Trail  
Colleyville, TX 76034

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/16/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paul Vallhonrat

Contributor address; City; State; Zip Code

6510 Connie Lane  
Colleyville, TX 76034

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Landman

Employer (See Instructions)

Herold Winkes Vallhonrat LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

3/27/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kathy Da

6 Contributor address; City; State; Zip Code

3404 Middleton Way  
Colleyville, TX 76034

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Programmer

9 Employer (See Instructions)

Citigroup

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Leslie A. Davis

Contributor address; City; State; Zip Code

161 Mill Valley Dr W  
Colleyville, TX 76034

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Roger Lee

Contributor address; City; State; Zip Code

4816 Carmel Place  
Colleyville, TX 76034

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Karl Meek

Contributor address; City; State; Zip Code

6204 Rock Dove Cir  
Colleyville, TX 76034

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

3/25/19

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Conrad Heede

6 Contributor address; City; State; Zip Code

47008 Cabernet Circle  
Colleyville, TX 76034

7 Amount of contribution (\$)

\$ 100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

3/25/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

James Makers

Contributor address; City; State; Zip Code

1312 Somerset Ct  
Colleyville, TX 76034

Amount of contribution (\$)

\$ 200<sup>00</sup>

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/25/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Gina Pederson

Contributor address; City; State; Zip Code

3001 Matterhorn Dr  
Bedford TX 76021

Amount of contribution (\$)

\$ 200<sup>00</sup>

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/25/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Stephen Webb

Contributor address; City; State; Zip Code

6402 Champion Way  
Colleyville, TX 76034

Amount of contribution (\$)

\$ 200<sup>00</sup>

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

3/25/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Patricia Lewis

6 Contributor address; City; State; Zip Code

209 Oaklawn Dr  
Colleyville TX 76034

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

3/31/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Karen Deakin

Contributor address; City; State; Zip Code

4828 Lakeside Dr  
Colleyville TX 76034

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/31/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mic Deakin

Contributor address; City; State; Zip Code

4828 Lakeside Dr  
Colleyville TX 76034

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jim Fletcher

Contributor address; City; State; Zip Code

1100 Nueces Ct  
Colleyville TX 76034

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

4/2/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kay Allen

6 Contributor address; City; State; Zip Code

4308 Pembroke Pkwy N  
Colleyville TX 76034

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

Allen Wealth Management

Date

4/2/19

Full name of contributor

☐ out-of-state PAC (ID#:

Joe Allen

Contributor address; City; State; Zip Code

4308 Pembroke

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Bowevard Animal Clinic

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2	2 FILER NAME Jon Bullack	3 Filer ID (Ethics Commission Filers) —
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4 Date 3/18/19	5 Payee name NJ Graphic Design
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6 Amount (\$) \$993.74	7 Payee address; City; State; Zip Code 203 E Worth St Grapevine TX 76051
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) campaign materials - advertising expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/26/19	Payee name Home Depot
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Amount (\$) \$54.30	Payee address; City; State; Zip Code 6411 Precinct Line North Richland Hills, TX 76182
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Stakes for signs - advertising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/28/19	Payee name Campaign Short Cuts
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Amount (\$) \$259.80	Payee address; City; State; Zip Code 571 Austin Ct Coppell TX 75109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) campaign software - consulting expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2	2 FILER NAME Jon Bullock	3 Filer ID (Ethics Commission Filers) —
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4 Date 3/27/19	5 Payee name efundraising connections, LLC
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6 Amount (\$) \$69.00	7 Payee address; City; State; Zip Code 2831 G Street, Ste 120 Sacramento, CA 95816
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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